2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P02000059658

Entity Name: SOUTH FLORIDA HOME SALES, INC.

Current Principal Place of Business:

DBA FLORIDA HOME SALES
2881 W LAKE VISTA CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

FLORIDA HOME SALES DBA
2881 W LAKE VISTA CIRCLE
DAVIE, FL 33328

Current Mailing Address:

DAB FLORIDA HOME SALES
2881 W LAKE VISTA CIRCLE
DAVIE, FL 33328

New Mailing Address:

DBA - FLORIDA HOME SALES
2881 W LAKE VISTA CIRCLE
DAVIE, FL 33328

FEI Number: 02-0612749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEN, GARY PH.D.
2881 W LAKE VISTA CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROSEN, GARY PH.D.
Address: 2881 W LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROSEN, GARY PH.D.
Address: 2881 W LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ROSEN PRES 04/13/2004

Electronic Signature of Signing Officer or Director — Date